| ### Comparison of the person (Section Process) ### Contact Mame: Person USAC should contact with questions about this data line 4030- ### Contact Mame: Person USAC should contact with questions about this data with questions about this data with questions about this charact with questions about this character questions and process and questions about this character questions and ques | Section 2 Control of the Control of | | | FC | Form 481 | |
|--|--|---|---------------------|----------------------------|--|------------------------------|
| Contact Name | | | | | | 86/AMB Cantrol No. 3060-0819 |
| Contact Name: Person USAC should contact with questions about this data 403D Contact Name: Person USAC should contact with questions about this data 403S Contact Rame: Person USAC should contact with questions about this data 403S Contact Telephone Number: Number of the person identified in data line 403D 4039 Contact Enail Address: Email of the person identified in data line 403D 4039 Contact Enail Address: Email of the person identified in data line 403D 4039 Contact Enail Address: Email of the person identified in data line 403D 4030 Contact Enail Address: Email of the person identified in data line 403D 4000 Contact Canal Reporting (complete attacked weakaster) 4000 Usage Reporting (voice) 4000 Usage Reporting (voice) 4000 Unique Reporting (voice) 4000 Number of Complaints per 1,000 customers (voice) 4000 Number of Complaints per 1,000 customers (voice) 4000 Reporting | Data Co | lection#orm | | | /2015 | |
| CODD Program Year CODD Program Year CODD Contact Name: Person USAC should contact with questions about this data Richard stephine Number: Number of the person identified in data line <0300 Contact Email Address: Email of the person identified in data line <0300 ANNUAL REPORTING FOR ALL CARRIERS Completion Required Compl | <010> | Study Area Code 479 | 009 | | | |
| Contact Telephone Number: Number of the person Identified in data line <0300- ANNUAL REPORTING FOR ALL CARRIERS Comparison (2001) 257-3314 Comparison (2002) 257-3314 Comparison (2003) 257-3314 Comparison (2004) 257-257-257-257-257-257-257-257-257-257- | <015> | Study Area Name CT | C Telecom, Inc | | | |
| with questions about this date Contact Telephone Number: Number of the person identified in data line <0305 Contact Email Address: Email of the person identified in data line <0305 Email of the person identified in data line <0305 Email of the person identified in data line <0305 Email of the person identified in data line <0305 Email of the person identified in data line <0305 Email of the person identified in data line <0305 Email of the person identified in data line <0305 Email of the person identified in data line <0305 Email of the person identified in data line <0305 Email of the person identified in data line <0305 Email of the person identified in data line <0305 Email of the person identified in data line <0305 Email of the person identified in data line <0305 Email of the person identified in data line <0305 Email of the person identified in data line <0305 Email of the person identified in data line <0305 Email of the person identified in data line <0305 Email of the person identified in data line <0305 Email of the person identified in data line <0305 Email of the person identified in data line <0305 Email of the person identified in data line <0305 Email of the person identified in data line <0305 Email of the person identified in data line <0305 Email of the person identified in data line <0305 Email of the person identified in data line <0305 Email of the person identified in data line <0305 Email of the person identified in data line <0305 Email of the person identified in data line <0305 Email of the person identified in data line <0305 Email of the person identified in data line <0305 Email of the person identified in data line <0305 Email of the person identified in data line <0305 Email of the person identified in data line <0305 Email of the person identified in data line <0305 Email of the person identified in data line <0305 Email of the person identified in data line <0305 Email of the person identified in data line <0305 Email of the person identi | <020> | Program Year 20 | 14 | | | |
| Number of the person identified in data line <0305 Contact Email Address: Email of the person identified in data line <0305 Find gatanacticteale.com Email of the person identified in data line <0305 Service Quality improvement Reporting Complete an index service (Complete of Complete of C | <030> | | ichard Wiggins | | | |
| Email of the person identified in data line <0300> Service Quality improvement Reporting | <035> | | 208) 257-3314 | | | |
| ANNUAL REPORTING FOR ALL CARRIERS 100> Service Quality improvement Reporting (complete attached worksheet) (complete attached descriptive document) (complete attached worksheet) (complete | <039> | | wiggins@ctctele.com | | | |
| ANNUAL REPORTING FOR ALL CARRIERS c100> Service Quality improvement Reporting (complete attached worksheet) c200> Outage Reporting (voice) c200> Outage Reporting (voice) c200> Cunfulfilled Service Requests (voice) a310> Detail on Attempts (voice) a320> Unfulfilled Service Requests (voice) a320> Unfulfilled Service Requests (broadband) Detail on Attempts (broadband) c400> Number of Complaints per 1,000 customers (voice) fixed a40> Number of Complaints per 1,000 customers (broadband) Fixed a40> Fixed a40 | The second secon | | | | | 54,313 54,422 |
| Complete attached worksheet | ANNUA | L REPORTING FOR ALL CARRIERS | | | A CONTROL OF THE PROPERTY OF T | |
| Complete attached worksheet | | | | | | |
| -c-check box if no outages to report -a00> Unfulfilled Service Requests (voice) -a10> Detail on Attempts (broadband) -a10> Fixed -a10> Number of Complaints per 1,000 customers (voice) -a10> Fixed -a10> Mobile -a10> Number of Complaints per 1,000 customers (broadband) -a10> Fixed -a10> Mobile -a10> Number of Complaints per 1,000 customers (broadband) -a10> Fixed -a10> Fixed -a10> Fixed -a10> Mobile -a10> Service Quality Standards & Consumer Protection Rules Compliance -a10> Argonogiator -a10> Argonogia | <100> | Service Quality Improvement Reporting | (ca | omplete attached works | neet) | |
| Cattor C | | - · · · · · · · · · · · · · · · · · · · | | amplete attached works | heet) | _ |
| Service Quality Standards & Consumer Protection Rules Compliance Statished descriptive document | <21U> | ✓ < check box if no | outages to report | | | |
| Value of Compilaints per 1,000 customers (voice) Adou Number of Compilaints per 1,000 customers (voice) Adou Number of Compilaints per 1,000 customers (voice) Adou Number of Compilaints per 1,000 customers (broadband) Addou Fixed Additional Documentation Worksheet Additional Documentation Worksheet Addou Fixed Additional Documentation Worksheet Additional Pixed Retarch Carriers Fixed Retarch Carri | | · · · · · · · · · · · · · · · · · · · | | | ı | |
| Additional Number of Complaints per 1,000 customers (voice) Additional Documentation Worksheet Additional cartification Additional pocumentation Worksheet Additional pocumentation Worksh | _ | · · · · · · · · · · · · · · · · · · · | | ottach descriptive docun | nent) | |
| Service Quality Standards & Consumer Protection Rules Compliance Check to indicate certification Companies of Price Quality Standards & Consumer Protection Rules Compliance Check to indicate certification Companies of Price Offerings (volce) Company Price Offerings (volce) Company Price Offerings (broadband) Complete attached worksheet) Company Price Offerings (Price Offerings | | · · · · · · · · · · · · · · · · · · · | į (c | attach descriptive docun | ient) | 7 |
| Addo | <400> | Number of Complaints per 1,000 customers (voice) | | | | / / |
| Number of Complaints per 1,000 customers (broadband) Value Value | | | | | | |
| <440> Fixed | | | und) | | | |
| <450> Mobile <500> Service Quality Standards & Consumer Protection Rules Compliance (check to indicate certification) <510> 4790091d500 Functionality in Emergency Situations (check to indicate certification) <700> Company Price Offerings (volce) (complete attached worksheet) <700> Company Price Offerings (broadband) (complete attached worksheet) <700> Operating Companies and Affiliates (complete ottached worksheet) <700> Voice Services Rate Comparability <1000> Voice Services Rate Comparability (check to indicate certification) (complete attached worksheet) <700> Terrestrial Backhaul (Y/N)? (if yes, complete attached worksheet) (check to indicate certification) (complete attached worksheet) <700> Terrestrial Backhaul (Y/N)? (if you complete attached worksheet) (complete attached worksheet) (complet | | · · · · · · · · · · · · · · · · · · · | 11107 | | | |
| A 19091d500 (attached descriptive document) | | | | | | |
| Functionality in Emergency Situations (check to indicate certification) (700> Company Price Offerings (voice) (700> Company Price Offerings (broadband) (700> Complete attached worksheet) (700> Complete attached worksh | <500> | Service Quality Standards & Consumer Protection Rul | les Compliance (ci | heck to indicate certifica | tion) | 1 1 |
| Company Price Offerings (volce) Complete attached worksheet Complete attached workshee | <510> | 4790091d500 | (att | tached descriptive docur | nent) | ✓ ✓ |
| <700> Company Price Offerings (volce) (camplete attached worksheet) <710> Company Price Offerings (broadband) (complete attached worksheet) <800> Operating Companies and Affiliates (complete attached worksheet) <900> Tribal Land Offerings (Y/N)? (fyes, complete attached worksheet) <1000> Voice Services Rate Comparability (check to indicate certification) <1010> Terrestrial Backhaul (Y/N)? (if not, check ta indicate certification) <1110> Terrestrial Backhaul (Y/N)? (complete attached worksheet) <1110> Terms and Condition for Lifeline Customers Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet Including Rate-of-Return Carriers offiliated with Price Cap Local Exchange Carriers <2000> (check to indicate certification) <2005> (check to indicate certification) (camplete attached worksheet) Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet (check to indicate certification) (camplete attached worksheet) Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet (check to indicate certification) (check to indicate certification) | | | (c) | heck to indicate certifica | tian) | / / |
| <710> Company Price Offerings (broadband) (complete attached worksheet) <800> Operating Companies and Affiliates (complete ottached worksheet) <900> Tribal Land Offerings (Y/N)? If yes, complete attached worksheet) <1000> Voice Services Rate Comparability (check to indicate certification) <1010> [attach descriptive document] <1100> Terrestrial Backhaul (Y/N)? (if not, check to indicate certification) <1110> [complete attached worksheet] <1200> Terms and Condition for Lifeline Customers Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet Including Rate-of-Return Carriers offiliated with Price Cap Local Exchange Carriers <2000> (check to indicate certification) <2005> (check to indicate certification) (complete attached worksheet (complete attached worksheet (check to indicate certification) (check to indicate certification) (complete attached worksheet (complete attached workshee | | | | | | / |
| | | | | | | |
| <900> Tribal Land Offerings {Y/N}? (if yes, complete attached worksheet) <1000> Voice Services Rate Comparability (check to indicate certification) (attach descriptive document) <1100> Terrestrial Backhaul (Y/N)? (if not, check to indicate certification) <1110> (complete attached worksheet) <1200> Terms and Condition for Lifeline Customers Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet Including Rate-of-Return Carriers offiliated with Price Cap Local Exchange Carriers <2000> (check to indicate certification) <2005> Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet (check to indicate certification) (complete attached worksheet) (check to indicate certification) | | | , | • | · | |
| <1000> Voice Services Rate Comparability (check to indicate certification) <1010> | | | • | • | | 7 3333 |
| <1100> Terrestrial Backhaul (Y/N)? (if not, check to indicate certification) (complete attached worksheet) <1200> Terms and Condition for Lifeline Customers (complete attached worksheet) Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers <2000> (check to indicate certification) <2005> Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet (check to indicate certification) (complete attached worksheet) <3000> | | | | | | |
| <1110> (complete attached worksheet) <1200> Terms and Condition for Lifeline Customers Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers <2000> (check to indicate certification) <2005> (complete attached worksheet) Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet <3000> (check to indicate certification) | | | f. | attach descriptive dacur | nent) | |
| <1200> Terms and Condition for Lifeline Customers (complete attached worksheet) Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers <2000> (check to indicate certification) <2005> (complete attached worksheet) Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet <3000> (check to indicate certification) | | | | _ | | / 33.4.3 |
| Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers <2000> (check to indicate certification) (complete attached worksheet) Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet <3000> (check to indicate certification) | | | •• | • | • | |
| Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers <2000> (check to indicate certification) (complete attached warksheet) Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet <3000> (check to indicate certification) | <u> </u> | Terms and condition for Lifetine Customers | | ompiete attachea works | neu() | |
| <2000> (check to indicate certification) <2005> (complete attached worksheet) Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet <3000> (check to indicate certification) | | | | | | |
| <2005> (complete attached worksheet) Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet <3000> (check to indicate certification) | | 2 0 | • | | | |
| Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet <3000> (check to indicate certification) | | | · | - | | |
| <3000> (check to indicate certification) | -20022 | | | | | II |
| | ~2000× | - · · · · · · · · · · · · · · · · · · · | | | ston | 4534 |
| | | | | | | |

| 1 30 San (4) (4) | ervice Quality Improvement Reporting ollection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|------------------|--|--|
| <010> | Study Area Code 479009 | |
| <015> | Study Area Name CTC Tele | ecom, Inc |
| <020> | Program Year 2014 | |
| <030> | Contact Name - Person USAC should contact regarding this data | ichard Wiggins |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | (208) 257-3314 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | rwiggins@ctccele.com |
| _<110> | Has your company received its ETC certification from the FCC? | (yes / no) |
| <111> | If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC? | (yes / no) O |
| <112> | If your answer to Line <1.11> is yes, then you are required to file a progress report, on line <1.12> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your CETC which only receives frozen support, your progress report is only required to address voice telephony service. | сотрапу is a |
| | Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate. | Name of Attached Document (.pdf) |
| <113> | Maps detailing progress towards meeting plan targets | |
| <114> | Report how much universal service (USF) support was received | |
| <115> | How (USF) was used to improve service quality | |
| <116> | How (USF)was used to improve service coverage | |
| <117> | How (USF) was used to improve service capacity | |
| <118> | Provide an explanation of network improvement targets not met in the prior calendar year. | |
| | | |

| (200) Service Outage Reporting (Voice) Data Collection Form | | 1886 13 69 15 69 169 169 169 169 169 169 169 169 169 | orm 481 Control No. 306 | 50-0986/OMB Control No.: 3060-0819 |
|---|------|--|---|------------------------------------|
| | | July 20 | tarahan kalan k | |
| | | | | |

| <010>_ | Study Area Code | 479009 | | | | |
|--------|--|------------------|--|--|--|--|
| <015> | Study Area Name | CTC Telecom, Inc | | | | |
| <020> | Program Year | 2014 | | | | |
| <030> | Contact Name - Person USAC should contact regarding this data | Richard Wiggins | | | | |
| <035> | Contact Telephone Number - Number of person Identified in data line <030> (308) 257-3314 | | | | | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> fwiggins@ctctele.com | | | | | |

| <220> | <a> | <b1></b1> | <b2></b2> | <b3></b3> | <b4></b4> | <c1></c1> | <c2></c2> | <d>></d> | <e></e> | <f></f> | <g></g> | <h></h> |
|-------|---|--------------|--------------|------------|------------|--------------------|-----------------|--------------------|--|-----------------|----------------|---------------|
| | NORS | | | | | | | | | Did This Outage | | <u>-</u> |
| | Reference | Outage Start | Outage Start | Outage End | Outage End | Number of | | 911 Facilities | Service Outage | Affect Multiple | | |
| | Number | Date | Time | Date | Time | Customers Affected | Total Number of | Affected | Description (Check | Study Areas | Service Outage | Preventative |
| | | | | | | | Customers | (Yes / <u>N</u> o) | all that apply) | (Yes / No) | Resolution | Procedures |
| 1 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | - " | | i | | |
| | | | | | _ | | | | | | | |
| | | | - | | | | | | | | | |
| | | | | | | | | | | | | · |
| | | ·· | , | | | | | | | | | |
| | | | | _ | | | | | <u> </u> | | | |
| j | | | | | | | | | | | | |
| | | | | | | | See attache | cl | | | | |
| | | | | | | | | u | | | | |
| | - | | | | | Wo | rksheet | | | | | |
| | | | - | | | | | | 1 | | | |
| | | | | | | | | | | | | |
| | | | | | | | | · | ļ <u>.</u> | | | |
| | | ļ | | | | | | | | | | |
| | | | | | | | | | <u> </u> | | | |
| | | | | | | | | | | | | |
| | | <u> </u> | | | | | | | 1 | | | |
| | | | · | | | | | | | | | |
| | | | | | | | | · | | | | |
| | | | | | | | | | | | | |
| | | | | | | | · | | | | | <u>-</u> - |
| | | | | | | | | | | | | |
| i | | | | | | | | | | | | |
| | | | | | | | | | | | | |

10/09/2013

Page 4

| Control No. 3060-0819 | | | | | | | | | Total ner line Rates and Fees | | | | | | | | | | | | | |
|--|-----------------|------------------|--------------|---|---|---|---|-------|--|--|--|--|--|---|------------------------|---|--|---|--|------|------|---|
| FCG Form 481. OMB Control No. 3060.0986/OMB Control No. 3060-0819 | | | | | | | | | Mandatory Extended Area Service Charge | | | | | | | | | | | | | |
| FC OW DIVIN | | | | | | | | | State Universal Service Fee | | | | | | | | | | | | | |
| | | , Inc | | ths | | ele.com | | | State Subscriber Line Charge | | | | | - | See attached worksheet | | | | | | | |
| | 479009 | CTC Telecom, Inc | 2014 | Richard Wiggins | :030> (208)257-3314 | ~ | 1/1/2013 | | Residential Local Service Rate | | | | | | See atta | 1 | | | | | | |
| | | | | ing this data | ntified in data line < | ntified in data line < | 1/1 | | Rate Type | | | | | | | | | | | | | |
| | | | | contact regard | er of person ide | ss of person ide | ictive Date ervice Charge | A | SAC (CETC) | | | | | | | | | | | | | į |
| (700) Price Offering: Including Voice Rate Data. Data Collection Form | de | ıme | | Contact Name - Person USAC should contact regarding this data | Contact Telephone Number - Number of person identified in data line <030> | Contact Email Address - Email Address of person identified in data line <030> | Residential Local Service Charge Effective Date Single State-wide Residential Local Service Charge | | Exchange (ILEC) | | | | | | | | | | | | | |
| e Offerings in | Study Area Code | Study Area Name | Program Year | Contact Name | Contact Telepl | Contact Email | Residential Lo | 7 | State | | | | | | | | | | | | | j |
| | 4010 ≻ | <015> | <020> | <0£0> | 4935 | <039> | <701> | <703> | | | | | | | | | | • | | | | |

10/09/2013

| 9 | | | | | | | | | | | | | | | | | | •••• | | | | |
|---|-----------------|------------------|--------------|---|---|---|-------|---|----------------------------|--|------|------|--------------|-----------|---------------|-------|--------|------|----|---|----------------|--|
| OMB Contro No. 3060-0819 | | | | | | | | Usage Allowance Action Taken When | לוווון ועפסרוובת ואניברו ל | | | | | | | | | | | | | |
| FCC Form 481. OMB Control No. 3060-0986/DMB Control N LLIV 2013 | | | | | | : | | Usage Allowance | loni | | | | | | | | | | | | | |
| FCCI FOUR OMB CON | | | | | | | A 90 | Broadband Service - | | | | | | | | | | | | | | |
| | | | | | | | | Broadband Service - Download Speed (Mbns) | | | | | | | | | | | | | | |
| | | | | | | com | 9 | Total Rate and Fees | | | | | | | | | | | | | | |
| | 600 | CTC Telecom, Inc | 4 | Richard Wiggins | (208) 257-3314 | rwigginsectotele.com | | State Regulated Fees | i | | | | See attached | worksheet | | | | | | | | |
| | 479089 | CTC | 2014 | | a line <030> | data line <030> | | Residential Rate | | | | | Se | work | | | | | | | | |
| | | | | Contact Name - Person USAC should contact regarding this data | Contact Telephone Number - Number of person identified in data line <030> | Contact Email Address - Email Address of person identified in | | Exchange (ILEC) | | | | | | | | | | | | | | |
| (710) Broadband Price Offerings Data Collection Form | Study Area Code | Study Area Name | Program Year | Contact Name - Person US | Contact Telephone Numbe | Contact Email Address - Em | | State | | | | | | | | | | | | | | |
| 6 H 6 H 6 H | <010> | <015> | <020> | <030> | <035> | <039> | <711> | | | | | | | 1 | 1 | ! | 1- | | !_ | 1 | _ i | |

| Data Col | ection Form | OMB(Control No. 3060-0986/OMB Control No. 3060-0819) July 2013 |
|----------|---|---|
| <010> | Study Area Code | 479009 |
| <015> | Study Area Name | CTC Telecom, Inc |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Richard Wiggins |
| <035> | Contact Telephone Number - Number of person identified in data line < | 030> (208)257-3314 |
| <039> | Contact Email Address - Email Address of person identified in data line < | 030> rwiggins@ctctele.com |

(800) Operating Companies

| <810> | Reporting Carrier | CTC Telecom, Inc. |
|-------|-------------------|-------------------|
| <811> | Holding Company | |
| <812> | Operating Company | |

| <813> | ĶĪĒŞ. | ≲a2> | ∠EE Ş |
|-------|------------|----------------|--|
| | Affiliates | SAC | Doing Business As Company or Brand Designation |
| ! | | | |
| | | | |
| • | See a | ttached works | heet |
| | | | |
| • | | · | |
| | | | |
| | | | |
| | | | |
| - | | | |
| | | | |
| - | | | |
| - | | | |
| | | | |
| | | | |
| | | | |
| - | | | |
| | | | |

| Data Col | oal Lands Reporting ection Form | FCC Form 481 OMB Control No. 13060-0986/OMB Control No. 13060-0819 July 2013 |
|----------|--|--|
| <010> | Study Area Code | 479009 |
| <015> | Study Area Name | CTC Telecom, Inc |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Richard Wiggins |
| <035> | Contact Telephone Number - Number of person identified in data line | |
| <039> | Contact Email Address - Email Address of person identified in data line | 2<030> rwiggins0ctctele.com |
| <910> | Tribal Land(s) on which ETC Serves | |
| <920> | Tribal Government Engagement Obligation | Name of Attached Document (.pdf) |
| | If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: | Select |
| | | (Yes,No, |
| | | NA) |
| <921> | Needs assessment and deployment planning with a focus on Tribal | |
| | community anchor institutions; | |
| <922> | Feasibility and sustainability planning; | |
| <923> | Marketing services in a culturally sensitive manner; | |
| <924> | Compliance with Rights of way processes | |
| <925> | Compliance with Land Use permitting requirements | |
| <926> | Compliance with Facilities Siting rules | |
| <927> | Compliance with Environmental Review processes | |
| <928> | Compliance with Cultural Preservation review processes | |
| <929> | Compliance with Tribal Business and Licensing requirements. | |
| | | |

| F17101111111111111111111111111111111111 | o Terrestrial Backhaul Reporting ection Form | FCC Form:481 OMB Control No.: 3060-0986/OMB Control No.: 3060-0819 July 2013 |
|---|---|--|
| <010> | Study Area Code | 479009 |
| <015> | Study Area Name | CTC Telecom, Inc |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Richard Wiggins |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | (208)357-3314 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | rwiggins@ctctele.com |
| <1120> | Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) | |
| <1130> | Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) | |

| Lifeline | erms and Condition for Lifeline Customers ection Form | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|----------|--|-------------|--|
| <010> | Study Area Code | 4796 | 009 |
| <015> | Study Area Name | CTC | Telecom, Inc |
| <020> | Program Year | 2014 | 4 |
| <030> | Contact Name - Person USAC should contact regarding this data | fi | dichard Wiggins |
| <035> | Contact Telephone Number - Number of person identified in data l | ne <030> | (208) 257–3314 |
| <039> | Contact Email Address - Email Address of person identified in data | ine <030> = | wigginsActttele.com |
| <1210> | Terms & Conditions of Voice Telephony Lifeline Plans | | e of attached document (.pdf) |
| <1220> | Link to Public Website | НТТР | |
| | "Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report: | | |
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | / | |
| <1222> | Details on the number of minutes provided as part of the plan, | V | |
| <1223> | Additional charges for toll calls, and rates for each such plan. | 7 | |

| Data Coll | ice Cap Carrier Additional Documentation Ection Form Rate-of-Return Carriers offiliated with Price Cap Local Exchange Carriers | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|----------------------------|--|--|--|
| | | | |
| <010> | Study Area Code | 9009 | |
| <015> | Study Area Name C1 | C Telacom, Inc | ···· |
| <020> | Program Year 20 | | |
| <030> | | chard Wiggins | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | (208) 257-3314 | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | rwiggins@ctctele.com | |
| | e boxes below to note compliance as a recipient of incremental Connect Amer support as set forth in 47 CFR § 54.313(b),(c),(d),(| | access charge reductions, and Connect America Phase II |
| | Incremental Connect America Phase I reporting | | |
| <2010> | 2nd Year Certification (47 CFR § 54.313(b)(1)) | | |
| <2011> | 3rd Year Certification (47 CFR § 54.313(b)(2)) | | |
| <2012> | Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) 2013 Frozen Support Certification | | |
| <2013> | 2014 Frozen Support Certification | | |
| <2014> | 2015 Frozen Support Certification | | |
| <2015> | 2016 and future Frozen Support Certification | | |
| | , | | |
| | Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d)) | | |
| <2016> | Certification Support Used to Build Broadband | | |
| <2017> <2018> <2019> | Connect America Phase II Reporting (47 CFR § 54.313(e)) 3rd year Broadband Service Certification 5th year Broadband Service Certification Interim Progress Certification | | |
| <2020> | Please check the box to confirm that the attached PDF, on line 2021, | | |
| 2020 | contains the required information pursuant to § 54.313 (e)(3)(ii), as a re of CAF Phase II support shall provide the number, names, and addresse community anchor institutions to which began providing access to broa- service in the preceding calendar year. | s of | - |
| <2021> | Interim Progress Community Anchor Institutions | Name of Attached Document Listing Required Information | |
| | | | |

| Data Col | ate Of Return Carrier Additional Pocumentation ection Form | | FCCForm 481.1 OMB Control No. 3050-0986/OMB Control No. 3060-0819 July 2013 |
|--------------------------------------|--|--|---|
| - <010> | Study Area Code 479009 | | |
| <015> | Study Area Name CTC Teleco | om, Inc | |
| <020> | Program Year 2014 | | |
| <030> | Contact Name - Person USAC should contact regarding this data RLc1 Contact Telephone Number - Number of person identified in data line <030> | nard Wiggins (208)257-3314 | |
| <039> | | rwiggins@ctctele.com | |
| | decuminant the modes and the compliance on its five year service quality plan (pursuar CFR § 54.313(f)(2), I further certify that the Progress Report on 5 Year Plan | | compliance with the financial reporting requirements set forth in 47 |
| (3010) | | Name of Attached Document Listing Required Information | |
| | Please check this box to confirm that the attached PDF, on line 3012, | | |
| (3011) | contains the required information pursuant to § 54.313 ([[1](ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. | | |
| (3012) (3013) (3014) | Community Anchor Institutions (47 CFR § 54.313[f][1][ii]) Is your company a Privately Held ROH Carrier [47 CFR § 54.313[f](2)) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313[f](2) compliance requires: | Name of Attached Document Listing Required Information | (Yes/Na) (Yes/Na) |
| (3015) | Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) | | |
| (3016) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | |
| (3017) (3018) | If the response is yes on line 3014, attach your company's RUS annual report and all required documentation If the response is no on line 3014, is your company audited? | Name of Attached Document Listing Required Information | [Yes/No] |
| | If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(I)(2), contains : | | |
| (3019) | Either a copy of their audited financial statement; or (2) a financial report | | |
| (3020) | in a format comparable to RUS Operating Report for Telecommunications POF of Balance Sheet, Income Statement and Statement of Cash Flows | | |
| (3021) | Management letter issued by the Independent certified public accountant that performed the company's financial audit. | | |
| (3022) (3023) (3024) (3025) | If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)[2], contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2] a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, Underlying information subjected to a review by an independent certified public accountant Underlying Information subjected to an officer certification. PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | |
| | | Name of Attached Document Listing Provided to Face 157 | |
| (3026) | Attach the worksheet listing required information | Name of Attached Document Listing Required Information | |

| Certificat Data Coli | tion – Reporting Carr ection Form | ler FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|-------------------------|--------------------------------------|--|
| <010> | Study Area Code | 479009 |
| <015> | Study Area Name | CTC Telecom, Inc |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Pers | on USAC should contact regarding this data Richard Wiggins |
| <035> | Contact Telephone | Number - Number of person identified in data line <030> (208) 257-3314 |
| <039> | Contact Email Addre | ss - Email Address of person identified in data line <030> rwiggins@ctctele.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: CTC Telecom, Inc Signature of Authorized Officer: CERTIFIED ONLINE Date Printed name of Authorized Officer: Richard Wiggins Title or position of Authorized Officer: President Telephone number of Authorized Officer: (208) 257-8224 Study Area Code of Reporting Carrier: 479009 Filing Due Date for this form: 10/15/2013 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. § 502, 503(b), or fine or Imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

10/09/2013 Page 12

| Certificat | lon - Agent / Carrier | FCC Form 481: OMB Control No: 3060-0986/OMB Control No; 3060-09819 July 2013 |
|------------|-------------------------|--|
| Data COII | econii o iii | July 2013 |
| <010> | Study Area Code | 479009 |
| <015> | Study Area Name | CTC Telecom, Inc |
| <020> | Program Year | 2014 |
| <080> | Contact Name - Person L | USAC should contact regarding this data Richard Wiggins |
| <035> | Contact Telephone Num | ber - Number of person identified in data line <030> (208) 257-3314 |
| <039> | Contact Email Address - | Email Address of person identified in data line <030> rwiggins@ctctele.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | | |
|---|--|--|
| I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; my re agent; and, to the best of my knowledge, the reports and dat | is authorized to submit the information reported on behalf of the reporting carrier. I bonsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized provided to the authorized provided to the authorized agent is accurate. | |
| Name of Authorized Agent: | | |
| Name of Reporting Carrier: | | |
| Signature of Authorized Officer: | Date: | |
| Printed name of Authorized Officer: | | |
| Title or position of Authorized Officer: | | |
| Telephone number of Authorized Officer: | | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form; | |
| Persons willfully making false statements on this form can be | unished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment nder Title 18 of the United States Code, 18 U.S.C. § 1001. | |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent A | uthorized to File Annual Reports for CAF or LI Rec | cipients on Behalf of Reporting Carrier |
|--|--|--|
| l, as agent for the reporting carrier, certify that I am author the data reported herein based on data provided by the re | | port recipients on behalf of the reporting carrier; I have provided rmation reported herein is accurate. |
| Name of Reporting Carrier: | | |
| Name of Authorized Agent or Employee of Agent: | | |
| Signature of Authorized Agent or Employee of Agent: | | Date: |
| Printed name of Authorized Agent or Employee of Agent: | | |
| Title or position of Authorized Agent or Employee of Agent | | |
| Telephone number of Authorized Agent or Employee of Ager | nt: | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: | |
| Persons willfully making false statements on this form o | an be punished by fine or forfeiture under the Communications A 18 of the United States Code, 18 U.S.C. § 1001. | ct of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title |

Attachments

SAC 47-9009

Service Quality Standards & Consumer Protection Rules Compliance

Form 481 Line item <500>

September 4, 2013

CTC Telecom, Inc. understands and complies with the Idaho Public Utilities Commission's *Telephone Customer Relations Rules*, IDAPA 31.41.01, adopted under the general legal authority of the Public Utilities Law, Chapters 1 through 7, Title 61, Idaho Code, and the Telecommunications Act of 1988, Chapter 6, Title 62, Idaho Code, with regards to service. These telephone customer relations rules provide a set of fair, just, reasonable, and non-discriminatory rules regarding deposits, guarantees, billing, application for service, denial of service, termination of service, complaints to telephone companies, billing for interrupted service, and provisions of certain information about customer to authorities.

SAC 47-9009

Functionality in Emergency Situations

Form 481 Line item <600>

September 6, 2013

Pursuant to 47 C.F.R. § 54.313(a)(6) and 47 C.F.R § 54.22(b)(4) as set forth in 47 C.F.R § 54.202(a)(2) CTC Telecom Inc., meets the requirements to remain functional in emergency situations and has the following capabilities: Back-up power is provided to central and or remote office(s) by use of fixed generator and batteries that provide it with emergency power service. In addition, CTC Telecom Inc., field electronics have 8 hour back-up battery power, additional backup power with use of fixed/mobile generators. CTC Telecom Inc., also has SONET technology in its network that allows for self-healing network should a fiber cut occur in its core network and will automatically reroute traffic. CTC Telecom Inc., also has a redundant paths within its network to provide for the capability to reroute traffic. CTC Telecom Inc., is equipped with technology that will provide for call completion and access to 911 in emergency situations. CTC Telecom Inc., is capable of managing traffic spikes resulting from emergency situations.



Lifeline provides discounts to eligible low-income consumers to help them establish and maintain wireless service. It also enhances the service for everyone by increasing the number of people who can be reached on the telephone network. A small surcharge is applied to every Idaho telephone line each month to reimburse local telephone companies for the cost of state discounts under ITSAP.

What type of discount is available?

Lifeline assistance lowers the cost of basic, monthly local wireless service. Eligible consumers can receive a flat rate credit of up to \$ 11.75 per month. Of this \$11.75, the FCC provides a \$9.50 discount with the balance of the discount from ITSAP (Idaho Telephone Assistance Program). The consumer may choose any minute plan offered by CTC Wireless to apply this credit.

How do I know whether I am eligible?

Eligibility for Lifeline support *varies by state*. In Idaho, an individual may be eligible if he or she participates in one of the following programs:

- Medicaid
- Supplemental Nutrition Assistance Program (Food Stamps)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance
- Low Income Home Energy Assistance
- Temporary Assistance to Needy Families (TANF)
- National School Lunch Program's Free Lunch Program
- Head Start

Eligibility is determined by the total household income that does not exceed 135% of the Federal Poverty Guidelines (FPG).

THE ITSAP DISCOUNT APPLIES TO ONLY ONE TELEPHONE NUMBER PER HOUSEHOLD.

How do I apply for ITSAP?

Call Health & Welfare - 208-642-6400 or Western Idaho Community Action Program (WICAP) at 208-549-2066. If you are eligible, your name and number will be forwarded to your local telephone company

MORE INFORMATION IS AVAILABLE AT THESE WEBSITES

http://www.idahocommunityaction.org
Click on
Programs & Idaho Telephone Assistance Service
http://www.fcc.gov
Click on
Lifeline: Affordable Phone Service
www.lifelinesupport.org